



## ASA DIX LEGAL BRIEF

A PREVENTIVE LAW SERVICE OF THE JOINT READINESS CENTER LEGAL SECTION  
UNITED STATES ARMY SUPPORT ACTIVITY DIX  
*KEEPING YOU INFORMED ON YOUR PERSONAL LEGAL NEEDS*

# POWERS OF ATTORNEY WORKSHEET

A power of attorney is a written document that allows another person or institution (called your agent or attorney-in-fact) to act on your behalf. There are three basic types of powers of attorney: general, special, and health care.

1. A **general power of attorney** allows your agent to do most things that you could legally perform, from renting an apartment in your name to selling your house.
2. A **special power of attorney (also known as a limited or specific power of attorney)** allows your agent to perform a particular act and limits the agent to that act. The agent can be authorized to do more than one legal act in a single special power of attorney.
3. A **health care power of attorney** allows your agent to make health care decisions for you if you become incapacitated and cannot make your own decisions. Please refer to the ASA Dix Legal Brief “Advanced Medical Directives” worksheet if you desire a health care power of attorney.

General and special powers of attorney that take effect immediately and end if you become mentally incompetent, incapacitated and/or disabled are collectively referred to as “Nondurable Powers of Attorney.” In contrast, general and specific powers of attorney that take effect immediately and remain in effect if you become mentally incompetent or incapacitated are referred to as “Durable Powers of Attorney.” Absent an expiration date, durable powers of attorney (also referred to as enduring powers of attorney) remain in effect at all times since they contain a special durability provision which allows your agent to continue to manage your personal and financial affairs when you become mentally incompetent, incapacitated, and/or disabled. A power of attorney that becomes effective at a specified future time or designated special event is referred to as a springing power of attorney. A healthcare power of attorney is an example of a springing power of attorney. Powers of attorney can be revoked at any time, even prior to any written termination date.

Would you like a general power of attorney? \_\_\_\_Yes \_\_\_\_No

Would you like a special or limited power of attorney? \_\_\_\_Yes \_\_\_\_No

If yes, please state in detail what you would like the special or limited power of attorney to accomplish?

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For **banking and financial transactions**, provide the bank or other financial institution's name and address, account or policy number, and any loan number. Specifically state if your agent will make deposits, make withdrawals, endorse negotiable instruments, purchase or sell investments, start/change/stop allotments, obtain a loan for you, receive a Leave and Earnings Statement (LES), or obtain a credit card for you.

For the **purchase of real property**, provide the address/legal description of the property and if your agent has permission to also obtain a mortgage, provide the maximum amount of the mortgage, maximum length for the mortgage, name of the mortgage company, and mortgage company address.

For the **sale of real property**, provide the address/legal description of the property and if there is a mortgage on the property, provide the mortgage company's name and address.

For the **management of real property**, provide the address/legal description of the property and list in detail the management duties to be performed by your agent.

For the **purchase, sale, use, maintenance, or registration of a motor vehicle**, provide the year, make, model, and vehicle identification number. If purchasing a car, provide the maximum purchase price; if selling a car, provide the minimum sales price.

Please specify if you would like your power of attorney to be nondurable or durable? \_\_\_\_\_

Would you like your power of attorney to become effective only upon a specified future time or designated special event? \_\_\_\_Yes \_\_\_\_No

If yes, please specify the future time or special event in detail \_\_\_\_\_

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Would you like your power of attorney to terminate on a specified date? \_\_\_\_ Yes \_\_\_\_ No

If yes, specify the termination date:

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Who do you want to serve as your primary agent for your power of attorney? \_\_\_\_Spouse \_\_\_\_Other

Please provide the name, address, phone number and relationship of your agent. \_\_\_\_\_

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Do you have a secondary (alternate) agent for your power of attorney? \_\_\_\_Yes \_\_\_\_No

Please provide the name, address, phone number and relationship of your secondary agent. \_\_\_\_\_

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If you have selected a secondary (alternate) agent, do you want:

\_\_\_\_ both agents to have the authority to act separately.

\_\_\_\_ to require both agents to act jointly, unless one is incapacitated or unable/unwilling to act for any reason.

\_\_\_\_ the secondary agent to be the successor, acting only if the primary agent is unable or unwilling to act for any reason.